

TEXAS YOUTH COMMISSION MEDICAL RECORD
Dental Assessment and Treatment Record

Admission Date: 05 04 88

Case Number: 0702778 Student's Name: Masterson, Richard Initial: A

Location: Spk # 4 Screening Date: 04-3-88 Dentist: Colburn

MISSING TEETH (Indicate by filling in appropriate box)

*1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
**18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3
RIGHT															
LEFT															

MEDICAL HISTORY (Circle if Yes)

Anemia
Diabetes
Heart Condition
Rheumatic Fever
Hepatitis

CURRENTLY:

Under Physician's Care Y N
Taking Medication Y N
Allergic to: Penicillin Y N
Anesthetic Y N

POSITIVE SEROLOGY:

Titer:
Date:
Other:

Treatment Date

Dentist's Signature

(X = No evident dental pathology requiring immediate treatment)

12-17-88 BWR BT AM DDS
1-7-89 PT REFUSED RESTORATIONS DDS

TEXAS YOUTH COMMISSION
MEDICAL RECORD
INSTITUTION DISCHARGE SUMMARY
AND FOLLOW-UP CARE REQUIRED

Student MASTERSON, RICHARD Case # 0702778 Location C.S.S.

A. Medical: (Summary of care received)

12-21-89 treated for spastic colon x one month with follow-up Barium
Enema showing Ascariasis(worms). Medicated x 3 days with resolution.

Follow-up care required:

No

B. Dental: (Summary of care received)

12-17-88 Annual exam & x-rays. Student refused restorations.

Follow-up care required:

No

C. Psychiatric: (Summary of care received)

Interviewed x 2 for Conduct disorder; Dysthymic disorder; Generalized
anxiety. Started on medication 1-23-89 which was decreased 2-20-89.

Follow-up care required:

As needed at local MHMR.

Joyce D. [Signature] 3--3-89
Director of Nurses/Designee

TEXAS YOUTH COMMISSION
MEDICAL RECORD
INSTITUTION CHRONOLOGICAL
TREATMENT DURING RESIDENCE

Student MASTERSON, RICHARD Case # 0702778 Location C.S.S.

1. Medical: Acute illness, surgery, special referral, emergency room care (include dates of treatment)

12-21-88 Intermittent ILQ pain and constant substernal pain; full colon noted in left abdomen; Bentyl 20 mg tid ac and 20mg q hs. MOM tonight recheck in one month.

1-25-89 Recheck; suggests spastic colon or chronic constipation; Get BE x-ray.

2-17-89 BE shows Ascariasis; Vermox 1 tab chewed & swallowed bid x 3 days Get follow up stool exam in one month.

2. Dental: Emergency dental care (date of treatment)

12-17-88 BWR exam

1-7-89 Student refused restorations.

3. Psychiatric: Diagnosis, medication (begin and end date), counseling sessions (frequency)

1-23-89 Conduct disorder, isolated, aggressive type, severe; Dysthymic disorder; Generalized anxiety disorder. Start Elavil 50mg q hs x 3 days, then increase to 100mg x 27 days, Benadryl 50 mg q hs Benadryl 25 bid prn anxiety.

2-20-89 Interview; Decrease Elavil 50 mg q hs; Decrease Benadryl 25 mg q hs.

4. Prosthesis provided on:

Date _____	Type _____
Date _____	Type _____
Date _____	Type _____

TEXAS YOUTH COMMISSION
MEDICAL RECORD
INSTITUTION
INDIVIDUAL MEDICAL PLAN

Student MASTERSON, RICHARD Case # 0702778
Admission Date 10-26-88 Location C.S.S.
DOB 3-5-72 Race WHITE Sex MALE

I. Health Status on Admission Had eye surgery 1982. Had glasses at one time. Can't see well out of left eye. "Very poor vision" states can only see shapes.

A. Current Health Problems (include nutritional status):

Gunshot wound Feb. 7, 1988 Lft chest area. Had surgery. Venous ang problems from surgery/wound at present.
Vision: R 20/40 L to read 5-4-88 Hearing: Pass ✓ Fail 5-4-88 Occasional chest pain & SOB - not necessarily on exertion

B. Current Medication(s):

None NKA

C. Special Precautions:

Student is on contact sports restrictions - Mayhem.
No swimming.
Very poor vision left eye.

II. Treatment Objectives:

Safe & healthy stay C.S.S.

III. Summary of presenting problems and resolutions:

Physical 5-9-88. Dextar 5-4-88. Needs 1 extraction.
Needs TB Booster 2-89. Follow up vision to be done. State
left eye "lazy". Gunshot wound Feb. 7, 1988 to chest. CXR 5-19-88.
Bullet remains lodged lft soft tissues. Follow up to Dr. Murray
on sports restrictions.

State extraction was done at C.S.S.

Richard Mastersson 10-26-88
Student Date Director of Nurses Date

IV. Information presented to Special Services Committee on 11-2-88

Richard Mastersson
Director of Nurses

MEDICAL RECORD INITIAL HEALTH SCREENING

TEXAS YOUTH COMMISSION
CHILD CARE FORM

Case Number: 0702 778 Youth's Name: Masterman Richard A
Last First Initial
Location: SRC #4 Admission Date: 05-04-88
DOB: 03-05-72 Age: 16.01 Sex: ☒ M ☐ F Ethnic Group: ☒ WH ☐ BL ☐ SP ☐ IND Other _____

A. PAST MEDICAL HISTORY: (Circle if Yes) Mumps Rubella Rubeola Sickle Cell
Rheumatic Fever Hepatitis Asthma TB Heart Defect Kidney Disease Diabetes
Epilepsy Hemophilia V. D. 04-25-88 Allergy NKA Drug Reaction _____
(type) (type) (type)
Pregnancy _____ Menses _____
(liveborn stillborn abortion) (age at onset cycle LMP)
Injury NO _____
(type/date)
Mental Health NO _____ Substance Abuse Sigs Coke NO
(in or out patient psychiatric care) (type, amount, frequency)
Hospitalized 02-07-88 - John Sealey Hosp. Bullet in Chest - (Dye Surg. 1982)
(surgery/medical type/date)
Substance Abuse NO

B. ADMISSION HEALTH STATUS:
Current Health Problem treated for VD NO NO
Medical Dental Mental
Current Medication Tetracycline 500mg _____
Type Amount Frequency
Special Health Requirements NO _____
(diet, prostheses, pregnancy)
Appearance Normal _____
(Signs of trauma, infection, jaundice, rash, pediculosis)
Nursing Staff Dr. Masterman Date 05-04-88

C. READMISSION HEALTH SCREENING:
Ht. _____ Wt. _____ Vital Signs T P R B/P
Chronic Illness _____ Medical Alert Yes _____ No _____
Health Problems During Absence _____
Hospitalization During Absence _____
Presently Taking Medication Yes _____ No _____ If yes, Identify _____
Nurse _____ Date _____

TEXAS YOUTH COMMISSION MEDICAL RECORD
HEALTH RECORD
PHYSICAL EXAMINATION

Case Number: 0702778 Student's Name: Masterson Richard A
Location: SKC - 4 Last First Initial
Ethnic Group: (circle one) Wh Ind BI Oth Sp Sex: (circle one) M F
Vital Signs: Temp 99 P 92 R 16 B/P 100/60
Physical Description: Height: 5'9" Weight: 148 1/2 Build: slender, medium, heavy, obese
Date of Birth: 03-05-72 Age: 16.01 Hair: Brown Eyes: Brown
Type (circle) Admitting Annual color color

Review of Systems N ABN N ABN

- | | |
|------------------|---------------------|
| 1. Head, Neck | 8. G.U. |
| 2. EENT | a. Discharge |
| 3. Respiratory | b. Lesions |
| 4. Cardiac | 9. Endocrine |
| 5. Chest, Breast | 10. Neurological |
| 6. Abdomen | 11. Dermatologic |
| 7. G.I. | 12. Musculoskeletal |

Comments (abnormal findings by number):

- #1 Respiratory. Rte Feb 7 gunshot wound L chest
#12 Bullet broke skin in mid back
#22 Internal strabismus left eye

Medical Recommendations:

- (1) PE restrictions: (no contact sports)
may return - no swimming

- (2) Eye consult. for int. strabismus

- (3) Pt was ~~injured~~ alleged. &
has been treated for SC =
Tetracycline 500 & he DC in
Recommend SC cult.

Physician's Signature Date of examination

579 / 88

MR 408
9/85

57/88
57/12/88

00005

JUVENILE NUMBER 106302
TELEPHONE NUMBERHARRIS COUNTY JUVENILE DETENTION CENTER
MEDICAL HISTORY AND PHYSICAL EXAMINATION

864-2938

NAME: Materon, Richard DATE OF BIRTH: 3-5-72 AGE: 16
SEX: M OFFENSE: UNLAWFUL RACE: K

ITEM	NO	YES	COMMENTS
ALLERGIES	<input checked="" type="checkbox"/>		
OPERATIONS		<input checked="" type="checkbox"/>	Bulleted to back 2 yrs ago
MAJOR ILLNESSES			
INJURIES			
VENERAL DISEASE			
TUBERCULOSIS			
URINARY DIFFICULTIES			
HEART DISEASE			
MENTAL DISEASE			
SEIZURES			
COLD			
COUGH			
CHEST PAIN			
VOMITING			
DIARRHEA			
ABDOMINAL PAIN			
HAY FEVER			
ASTHMA			
SKIN TROUBLES			
HEADACHES			
EYE INFECTIONS			
VISION PROBLEMS			
EAR PROBLEMS			
EPILEPSY			
DIABETES			

ARE YOU CURRENTLY TAKING ANY MEDICATION? NoFEMALE: LAST PERIOD: VAGINAL DISCHARGE PREGNANCIES
SIGNS OF SUBSTANCE ABUSE OR USAGE: None

NURSES NOTES

4/14/88 3:00 PM New intake no app. states was shot in back
2 yrs ago bullet remains in back area Xcelled.
No Doc in room.

4-21-88 Dental Screening to P.D. Blasham

5/2/88 Youth Dept called youth to go
youth on list for 40. A. Blasham

MEDICAL DEPARTMENT
REVISED JUNE 1987

PHYSICAL HISTORY

TEMPERATURE: _____ IN. _____
 WEIGHT: _____ LBS. _____
 BLOOD PRESSURE: _____ PULSE: _____ RESP.: _____ NVS: _____
 IMMUNIZATION

DIPHTHERIA _____
 TETANUS _____
 WHOOPING COUGH _____
 MASLES _____
 POLIO _____
 RUBELLA _____
 MPS _____
 T.B. TINE _____ RESULTS: _____

NORMAL ABNORMAL NOT DONE COMMENTS

VISION SCREENING _____

HEARING SCREENING _____

DEVELOPMENT PROGRESS _____

MUSCULOSKELETAL _____

EXTREMITIES _____

LYMPHATICS _____

SKIN _____

HEAD _____

NECK _____

EYES _____

EARS _____

NOSE _____

MOUTH (TEETH) _____

THROAT _____

NECK _____

LYMPS _____

BREAST _____

HEART _____

ABDOMEN _____

HEART _____

GENITALIA _____

REFLEXES _____

ENDOCRINOPATHIES _____

STANDING ORDER FOR THE FOLLOWING: (DATE AND CIRCLE YES FOR USAGE OF STANDING ORDER)

AMA CALAMINE LOTION MIDOL TINACTIN CREAM

LISTEX TYLENOL ASPIRIN COUGH SYRUP

MAALOX MILK MAGNESIA DESENEX FOOT POWDER (NON-PRESCRIPTION)

VISINE LIP BALM DELOUSE YOUTH ON ADMISSION

STANDING ORDER FOR THE FOLLOWING: (CIRCLE YES FOR STANDING ORDER)

IMMUNIZATIONS _____

LABORATORY TESTING _____

CBC _____

BRL _____

S.C. CULTURE _____

PREGNANCY TEST _____

URINALYSIS _____

DATE 4-19-88

PHYSICIANS' SIGNATURE C. B. Hendrick MD

TEXAS YOUTH COMMISSION
SUMMARY OF MEDICAL/DENTAL/PSYCHIATRIC CARE
Received at Statewide Reception Center

Date: 05-04-88
MM DD YY

Case Number: 0702728 Student Name: Masterson, Richard
Last, First, Middle Initial

MEDICAL:	Yes	No	Comment
Medical Alert	<u> </u>	<u>✓</u>	<u> </u>
Physical Exam	<u>✓</u>	<u> </u>	<u> </u>
Vision	<u>✓</u>	<u> </u>	<u>needs further eye exam</u>
Hearing	<u>✓</u>	<u> </u>	<u> </u>
Lab Studies	<u>✓</u>	<u> </u>	<u> </u>
X-rays	<u> </u>	<u> </u>	<u> </u>
Immunizations	<u> </u>	<u>✓</u>	<u>complete</u>
Medicine Prescribed	<u> </u>	<u>✓</u>	<u> </u>

Prescription Attached

DENTAL	Yes	No	Comment
Exam	<u>✓</u>	<u> </u>	<u>1 extraction</u>
Emergency Care	<u> </u>	<u>✓</u>	<u> </u>
Medicine Prescribed	<u> </u>	<u>✓</u>	<u> </u>

Prescription Attached

PSYCHIATRIC:	Yes	No	Comment
Exam	<u> </u>	<u>✓</u>	<u> </u>
Suicide Alert	<u> </u>	<u>✓</u>	<u> </u>
Medicine Prescribed	<u> </u>	<u>✓</u>	<u> </u>

Prescription Attached

TEXAS YOUTH COMMISSION MEDICAL RECORD
Medical Diagnosis and Treatment

Case Number: 10702778 Student's Name: Nasturson, Richard Date: MM DD YY
 Location: SRC #3 Date of Birth: 3 5 72 MM DD YY

Medical Complaint:

Follow up BC culture
Follow up gangster wound of chest

Medical Diagnosis:

1/2 gangster wound chest
Follow up B.C. then pg

Date of Diagnosis:

MM DD YY

Treatment Prescribed:

Begin Treatment:

MM DD YY

Doctor's Signature:

Nurse's Signature:

Medical Complaint:

CX R
Chest PE restriction
B.C. cut

Medical Diagnosis:

UP L A
then free at the time

Date of Diagnosis:

MM DD YY

Treatment Prescribed:

Begin Treatment:

MM DD YY

Doctor's Signature:

Nurse's Signature:

TEXAS YOUTH COMMISSION MEDICAL RECORD
Medical Diagnosis and Treatment

Date: 10-26-88
MM DD YY

Case Number: 0702778

Student's Name: Master son
Last

Location: C.S.S.

Date of Birth: 03-05-72
MM DD YY

Medical Complaint: Keep on or stay off P.E. restrictions

Medical Diagnosis:

Date of Diagnosis: 10-26-88
MM DD YY

MM DD YY
suggested need for restriction of personnel
access at this phase -

Treatment Prescribed:

Begin Treatment: 10-26-88
MM DD YY

Doctor's Signature:

Nurse's Signatures:

J. Fennell Jr. N. II
10-26-88 4:55 PM

Medical Complaint:

Medical Complaint: Sider pain + ant chest pm - 90 in dm with
LLO pa. + constant substernal pm - 70 mm high
related to lety butler to noting related muscle,
examine Sl stools normal + regular -

Medical Diagnosis:

Date of Diagnosis: 12-21-88
MM DD YY

to PE. No signs of duodenal. Cephalic mass suggests
full colon distal in lt abdomen. This is likely
colon system + prob fecal accumulation may be
prob.

Treatment Prescribed:

Begin Treatment: 12-21-88
MM DD YY

Doctor's Signature:

Nurse's Signatures:

J. Farrellson II
12-21-88 510/pmm

DEC 23 1967

TEXAS YOUTH COMMISSION MEDICAL RECORD
Medical Diagnosis and Treatment

Case Number: 0702778 Student's Name: Masterson, Richard Date: 1-23-89
Location: C.S.S. Date of Birth: 3-5-72
MM DD YY

Medical Complaint: Stomach Pain Evaluation

Medical Diagnosis: _____ Date of Diagnosis: _____
MM DD YY

Treatment Prescribed: Enclor 50 mg po qid Begin Treatment: 1/23/89
then 7 to 100 mg qid MM DD YY
Jan 23 1989 Benzoyl 50 mg po qid
Benzoyl 25 mg po BID prn anxiety

Doctor's Signature: _____ Nurse's Signature: T. Quenston

Medical Complaint: Stomach pain - Pain in middle in LQ's
& some upper part - One bottle of
defecant, which averages 3 days or
more

Medical Diagnosis: Suggest spastic Date of Diagnosis: 1-25-89
colitis or maybe just constipation MM DD YY

Treatment Prescribed: Get PGE Xray before Begin Treatment: after PGE Xray
doing further treatment MM DD YY

Doctor's Signature: Colony M Nurse's Signature: J. Fennell
1-25-89 5:33 PM

TEXAS YOUTH COMMISSION MEDICAL RECORD
Medical Diagnosis and Treatment

Case Number: 0702778 Student's Name: Masterson, Richard Date: 2-17-89
 Location: CSS Last First Initial MM DD YY
 Date of Birth: MM DD YY

Medical Complaint: Ascaris noted on xray (PSE)

Medical Diagnosis: Ascaris Date of Diagnosis: 2-17-89
 MM DD YY

Treatment Prescribed: Verme 1 tab. chewed Begin Treatment: 2-17-89
 MM DD YY
1 swallowed lead for 3 days; at yellowy
stone upon in 1st exam

Doctor's Signature: [Signature] Nurse's Signature: M. Phillips M.T.
2/17/89

Medical Complaint:

Medical Diagnosis: Date of Diagnosis: MM DD YY

Treatment Prescribed: 1 Elavil 50 mg po q h x 30 Begin Treatment: 2/20/89
1 benadryl 25 mg po q h x 30 MM DD YY

Doctor's Signature: [Signature] Nurse's Signature: X Clark RN II
2-20-89 5pm

TEXAS YOUTH COMMISSION MEDICAL RECORD
Medical Diagnosis and Treatment

Case Number: 0702778 Student's Name: Masterson, Richard Date: 3-13-89
Location: C.D.S. Date of Birth: 3-5-72
MM DD YY MM DD YY

Medical Complaint: _____

Medical Diagnosis: _____ Date of Diagnosis: _____
MM DD YY

Treatment Prescribed: Ac Glaucoma Begin Treatment: 3/13/89
Bandage 25 mg po qhs prn MM DD YY
r 30

Doctor's Signature: [Signature] Nurse's Signature: J. J. [Signature]
3-13-89 10:23 PM

Medical Complaint: _____

Medical Diagnosis: _____ Date of Diagnosis: _____
MM DD YY

Treatment Prescribed: _____ Begin Treatment: _____
MM DD YY

Doctor's Signature: _____ Nurse's Signature: _____

TEXAS NURSE COMMISSION MEDICAL RECORD DRUG ADMINISTRATION LOG

Number: 0702778 Student's Name: Masterson Date: 2-1-89
 Location: C.S.S. Last: Richard First: Richard Initial:

Drug Name & Dosage: Benadryl 25mg PO Bid Start Date: 1-24-89 End Date: X 30 days
February QPR anxiety

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Drug Name & Dosage: Levo Ilect liquid Start Date: 12-12-89 End Date: 12-12-89
 Staff Member's Signature: G. J. Fennell

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Drug Name & Dosage: Vermox 100mg chewed & swallowed Start Date: 2-18-89 End Date: 2-20-89
Bid X 3 days Staff Member's Signature: G. J. Fennell

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Staff Member's Signature

Texas YOUTH COMMISSION MEDICAL RECORD
DRUG ADMINISTRATION LOG

Case Number: 0702778 Student's Name: Masterson Richard
Location: C.S.S. Last First Initial
Dates: 1-24-89
MM DD YY

Drug Name and Dosage: Elavil 50mg po Start Date: 1-24-89 End Date: 1-26-89
7AS X 3 days MM DD YY MM DD YY

Jan.	Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 pm																															

T. Owenston I

Elavil 100mg po qhs X 27 days 1-27-89 Staff Member's Signature 2-22-89

Jan.	Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 pm																															

T. Owenston I

Elavil 100mg po qhs X 27 days 1-27-89 Staff Member's Signature 2-22-89

Feb.	Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

T. Owenston I

Staff Member's Signature

TEXAS YOUTH COMMISSION MEDICAL RECORD
DRUG ADMINISTRATION LOG

Case Number: 0702778 Student's Name: Masterson Date: 1-24-89
Richard MM DD YY
 Location: C. S. S. Last First Initial
 Drug Name and Dosage: Elavil 50mg po Start Date: 1-24-89 End Date: 1-26-89
qhs x 3 days MM DD YY MM DD YY

Jan.	Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 pm																															
		<u>T. Owenshon I</u> Staff Member's Signature <u>2-22-89</u>																														
	8 pm																															
		<u>T. Owenshon I</u> Staff Member's Signature <u>2-22-89</u>																														
Feb.	Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 pm																															
		<u>T. Owenshon I</u> Staff Member's Signature <u>2-22-89</u>																														
	8 pm																															
		<u>T. Owenshon I</u> Staff Member's Signature																														

TEEN YOUTH COMMISSION MEDICAL RECORD DRUG ADMINISTRATION LOG

Case Number: 0702778 Student's Name: Masterson, Richard Date: 2-20-89
 Location: C.S.S. Last: Masterson First: Richard Initial:
 Drug Name & Dosage: Elavil 50mg P.O. qhs Start Date: 2-20-89 End Date: 3-20-89
X 30 days MM DD YY MM DD YY

Feb

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 PM																															

Feb

Staff Member's Signature: A Clark RN II

Drug Name & Dosage: Benadryl 25mg P.O. qhs Start Date: 2-20-89 End Date: 3-20-89
X 30 days MM DD YY MM DD YY

Feb

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8:00 PM																															

Feb

Staff Member's Signature: A Clark RN II

Drug Name & Dosage: Benadryl 25mg p.o. qhs Start Date: 2-20-89 End Date: 3-20-89
 MM DD YY MM DD YY

March

Time Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8pm																															

Staff Member's Signature: N. A. Wenzel RN I

TEXAS YOUTH COMMISSION HEALTH RECORD
LABORATORY REPORT
STATEWIDE RECEPTION CENTER

NAME

Maddox, Richard

DATE

9/18/08

TYC #

0702778

TECH

D/ee

Circle Test requested:

Test	Results	Normal	Test	Results	Normal
CBC			UA		
WBC		4.8-10.8 Thou/cmm	UA-Appearance		
RBC		4.0-5.1 m/cmm	UA-Spec. Gravity		1.001-1.035
HGB		12-16 GMS	UA-PH		5.0-8.0
HCT		36-48%	UA-Sugar		Negative
MCV		80-99 UCUBE	UA-Ketones		Negative
MCH		27.0-31.0 UUG	UA-Protein		Negative
MCHC		32-35%	UA-Blood		Negative
BAND		0-3%	UA-Bilirubin		Negative
SEGS		41-71%	UA-Urobili		Negative
LYMPS		24-44%	UA-Nitrite		Negative
MONOS		0-7%	UA-WBC		-0-
EOS		0-5%	UA-RBC		-0-
BASO		0-2%	UA-Casts		-0-
PLT		Adequate			
RPR			BETA HCG		

G.C. Culture

Negative for GC

Additional comments:

SRC-08/19/85
LAB-001

TEXAS YOUTH COMMISSION HEALTH RECORD
 LABORATORY REPORT
 STATEWIDE RECEPTION CENTER

15

NAME

Masterson, Richard

DATE

16.01 5/9/88

TYC #

0702778

TECH

Shae

Circle Test requested:

Test

Results

Normal

Test

Results

Normal

CBCUA

WBC

3.1

4.8-10.8 Thou/cmm

UA-Appearance

Clear

RBC

5.14

4.0-5.1 m/cmm

UA-Spec.Gravity

1.001-1.035

HGB

16.4

12-16 GMS

UA-PH

6.0

5.0-8.0

HCT

49.6

36-48%

UA-Sugar

Neg

Negative

MCV

96

80-99 UCUBE

UA-Ketones

Neg

Negative

MCH

27.0-31.0 UUG

UA-Protein

Neg

Negative

MCHC

32-35%

UA-Blood

Neg

Negative

BAND

0-3%

UA-Bilirubin

Neg

Negative

SEGS

35

41-71%

UA-Urobili

Neg

Negative

LYMPS

64

24-44%

UA-Nitrite

Neg

Negative

MONOS

1

0-7%

UA-WBC

0

-0-

EOS

0-5%

UA-RBC

0

-0-

BASO

0-2%

UA-Casts

0

-0-

PLT

Adeq

Adequate

RPR

Non Reactive

BETA HCG

G.C. Culture

Additional comments:

SWEEP CHECK SCREENING TESTSchool Shelf 4

Grade _____

Date 5-9-88

1. Screen four frequencies at 25 dB HTL.
2. Make a check mark for each tone heard.
3. Identify failure to respond with an "F" or "X."
4. Sequence of tone presentation: →

Student's Name	ear	500 Hz	1000 Hz	2000 Hz	4000 Hz	Remarks
<u>1st Screen</u> <u>0702778</u>	R	X	✓	✓	✓	<u>Passed</u>
	L	X	✓	✓	✓	
<u>2nd Screen</u>	R					
	L					

Children failing to respond to TWO (of the four) frequencies in EITHER ear should be re-screened with another Sweep Check Test within 3 to 4 weeks. (Signs or symptoms alone would be sufficient for referral.) Failure of TWO frequencies in EITHER ear on the second Sweep Check Test requires the Threshold Screening Test. (Failure of one frequency may be marked "Observe.")


THRESHOLD SCREENING TEST

1. Screen six frequencies, beginning each at 40 dB HTL (down--10 dB; up--5dB).
2. Graph the threshold for each frequency ("O" = right ear; "X" = left ear). Connect those symbols with a straight line as screening is completed for each ear.
3. Tone presentation sequence: →

		FREQUENCY IN HERTZ					
		250	500	1k	2k	4k	6k
HEARING THRESHOLD LEVEL IN DB	0						
	10						
	20						
	30						
	40						
	50						
	60						
	70						
	80						
	90						
	100						
		110					

EAR	AIR
Right (red)	O
Left (blue)	X

Complies with ANSI-1969

 = Frequencies not used for referral

A child is considered to have failed this test if his/her threshold for any TWO of the four referral frequency between 500 and 4000 Hz, is greater than 25 dB in EITHER ear.